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NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	APPLICATION NUMBER:	ORS31918
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Total Fee Calculation

		I Otal F	e Calcul	atiot	1		
	Fee Code	Total # Claims	Number Extra	<u>x</u>	Fee	Fee	- Total
	Sm./Lg.				Sm. Entity	Lg. Entity	(()
Basic Filing Fee	201/101	001	17		347	690.	- UN
Total Claims >20	203/103	-20	- 1	x	9	18	- 17
Independent Claims >3	202/102	-3:	-)	x	39	18	
Mult. Dep Claim Present	204/104				130	2.60	
Surcharge	205/105				<u>65</u>	130	130
English Translation	139				•		
TOTAL FEE CALCULA	ATION						978.
Fees due upon filing the	he application:						
Total Filing Fees Due	= \$	9	176				
Less Filing Fees Subm	uitted -\$		<u>}</u>	_			
BALANCE DUE	= \$		770 ·				
Phus							
Office of Initial Patent	Examination					•	

FORM OIPE-RAM-01 (Rev. 12/97)

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

01539920

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY			
FOR		NUMBE	BER FILED NUMBE		NUMBER	EXTRA		RATE	FEE	l	RATE	FEE	
ВА	SIC FEE	SIC FEE							345.00	OR	er Herryddy y Y	690.00	
то	TAL CLAIMS		24.	minus 2	20=	• 4			X\$ 9=		OR	X\$18=	12
INE	INDEPENDENT CLAIMS								X39=		OR	X78=	29
MULTIPLE DEPENDENT CLAIM PRESENT								+130=		OR	+260=	,	
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL		OR	TOTAL	940	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							(Column 3)		SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		REM Al	AIMS IAINING TER NDMENT		PR	IIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	N OF M	Minus	***	ENT OLAIN	=		X39≃		OR	X78=	
	FIRST PRESE	NIATIC	ON OF M	ULTIPLE DEF	PEND	ENT CLAIM		֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֡֓֓֡֓֓	+130=		OR	+260=	
								L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
			umn 1)			olumn 2)	(Column 3)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
AMENDMENT B		· REM	AIMS AINING TER IDMENT		PR:	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	N OF M	Minus	***	ENIT OL AINA	=		X39=		OR	X78=	-
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+130=		OR	+260=	
							A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
	in gan, in sign is week.		umn 1)	Typewas, dipolari i - 2773		olumn 2)	(Column 3)	l _					
AMENDMENT C		REM AF	AIMS AINING TER IDMENT		PRI	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*		Minus	***		=		X39=		OR	X78=	
	FIRST PRESE	NTATIC	ON OF MI	JLTIPLE DEF	PEND	ENT CLAIM		╽┟					
* 1	f the entry in colur	nn 1 is l	ess than th	ne entry in colu	mn 2, 1	write "0" in co	lumn 3.	L	+130= TOTAL		OR	+260= TOTAL	
***	f the "Highest Nur f the "Highest Nur The "Highest Num	mber Pro	eviously Pa	aid For" IN THI	S SPA	CE is less tha	n 3, enter "3."		DDIT. FEE	propriate bo		ADDIT. FEE	